DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF UNDERGROUND STORAGE TANKS

PERMANENT CLOSURE REPORT

The Responsible Party (RP) for the underground storage tank (UST) system shall complete and submit the **original** of this report within 60 days of collecting samples during the UST system closure assessment. Tennessee Code Annotated (T.C.A.) 68-215-103(16) defines Responsible Party as the owner and/or operator of a petroleum site or any person who at the time of the release which caused the contamination was an owner and/or operator of a petroleum underground storage tank.

Date _____ Facility I.D. Number:____–____ ____ ____ ____ ____ ____

THIS REPORT IS NOT COMPLETE UNLESS THE FOLLOWING DOCUMENTS ARE ATTACHED IN AN APPENDIX:

ATTACHED: (Check appropriate answer)

A. The original laboratory analysis sheets. Yes_____ Not Applicable_____
(The laboratory analysis sheets shall include all items specified in Section II.A.3. of the Closure Assessment Guidelines)

B. Documentation for treatment of soil. Yes_____ Not Applicable_____
(i.e. Application to Treat Petroleum Contaminated Soil)

C. Disposal Manifest(s) for soil. Yes_____ Not Applicable_____
(i.e. Solid Waste Permits, Landfill Disposal Manifests, etc.)

D. Disposal Manifest for sludge. Yes_____ Not Applicable_____

E. Disposal Manifest(s) for liquid/ product. Yes_____ Not Applicable_____

F. Disposal Manifest(s) for tanks and/or piping. Yes_____ Not Applicable_____

G. Monitoring Well Information. Yes_____ Not Applicable_____
(i.e. boring log, monitoring well construction diagram, etc.)

H. Updated Site Map. Yes_____ Not Applicable_____
An updated, post-closure site map shall be attached showing buildings, roads, utilities, former or existing UST Systems, product lines and dispensers, areas of over-excavation, areas of encountered bedrock, borings, surface water within 500 feet of the site, and sample points. The map shall also include soil stockpiles, their dimensions in feet, and properly labeled screening and sampling points. A measurement shall be included from one corner of the tank excavation(s) to a permanent structure (i.e. building, power pole, fire hydrant, etc.). Based on Question 15, identify the location of observed leaks. The site map shall include a north arrow.

I. Copy of the Amended Notification Form. Yes_____ Not Applicable_____
Send the original Amended Notification Form to the UST Nashville Central Office.

(continued on reverse)

Permanent Closure Report Facility ID#__–__ __ __ __ __ __

1. Facility Name:_____

   Street Address (no P.O. Boxes): _____

   City: _____, TN Zip Code: _____

2. Were UST personnel at the appropriate Environmental Assistance Center (EAC) notified at least one working day prior to collecting soil samples for the UST system closure assessment?

   Yes_____ No_____

   If yes, person contacted: _____

   EAC contacted: _____ Date contacted: _____

   Reported by: _____

   If no, explain: _____

3. Was the tank atmosphere and work zone regularly tested with a combustible gas indicator in accordance with UST Regulations Appendix 6(2) and (3)?

   Yes_____ No_____

   If no, explain: _____

4. Was the tank(s) purged prior to closure?

   Yes_____ No_____ Not Applicable_____

   If yes, identify the method used to purge the tank atmosphere: Carbon dioxide gas_____
   Nitrogen_____ Eductor-type air movers_____ Diffused air blower_____

   Dry ice (1.5 lb/100 gal.) _____ Other_____

   If no, explain: _____

5. Was product piping drained into the tank?

   Yes_____ No_____

   If no, explain: _____

6. Was product piping removed? Yes_____ No_____

   If no, explain: _____

7. Were all dispensers removed? Yes_____ No_____

   If no, explain: _____

8. Were all liquids and/or sludge removed from the UST system?

Yes_____ No_____ Not Encountered_____

If no, explain: _____

9. Method of liquid and/or sludge storage: _____

10. Method of liquid and/or sludge disposal: _____

11. Was the tank(s) labeled in accordance with the UST Regulations Appendix 6(4)(f)?

Yes_____ No_____ Not Applicable_____

If no, explain: _____

12. Method of UST system storage/disposal:

Cut up for Disposal_____ Stored on Site_____ Stored off Site_____

Other_____ Not Applicable_____

UST systems stored on site or off site are subject to Rules 1200-1-15-.07(2)(e), (f), (g), and Appendix 6.

13. Location of UST system storage/disposal: _____

_____ Not Applicable_____

14. For closure in place, what inert solid material was used to fill the tank: Sand_____

Concrete_____ Concrete/ Bentonite_____ Not Applicable_____

Other (specify - liquid materials are not acceptable) _____

15. If contamination above minimum cleanup levels was encountered, then based on visual inspection of the UST components during removal, what component(s) appeared to have failed causing the contamination? (Check all that apply):

Piping (including joints)_____ Vent Lines (including joints)_____ Tanks_____

Spill/Overfill Equipment_____ Dispensers (including flex connectors)_____

Line Leak Detectors_____ Submersible Pump Heads_____ Unknown_____

None_____ Not Applicable_____ Provide specific details about what you observed:

_____

_____

(continued on reverse)

16. Based on your response to Question #15, what action or process was the cause(s) of the contamination? (Check all that apply):

Spill(s)_____ Overfill(s)_____ Pipe and/or Joint Failure_____

Human Error (i.e. accident, improper installation/repair, etc.)_____ Corrosion_____

Mechanical Failure (Line leak detector/submersible pump head, dispenser equipment)_____

Unknown_____ Not Applicable_____ Other (specify)_____

_____

_____

17. Amount of backfill material initially removed during UST system closure: _____cubic yards.

18. Total amount of material over-excavated after removal of the UST system: _____cubic yards.

19. If more than 100 cubic yards of material was over-excavated, were Division personnel in the appropriate Environmental Assistance Center contacted?

Yes_____ No_____ Not Applicable_____

If yes, person contacted: _____

EAC contacted: _____ Date contacted: _____

Reported by: _____

If no, explain: _____

All excavated material remaining on the site of generation or on a site owned by the generator or subsidiary of the generator shall be placed on plastic, covered with plastic and bermed. Sampling the excavated material in accordance with Technical Guidance Document (TGD)-005 shall be completed **prior** to treatment and/or proper disposal. If petroleum contaminated material is managed in accordance with TGD-009, the appropriate Application to Treat Petroleum Contaminated Soil shall be completed and submitted with the Permanent Closure Report to the local Environmental Assistance Center for approval. If the contaminated material is to be treated on a site owned by a third party, contact the Tennessee Division of Solid Waste Management.

20. Check all that apply regarding the management of the excavated material:

Thermal Treatment _____ Aerated_____ On Site_____ Off Site_____

Landfilled_____ Other_____ Not Applicable_____

21. After tank removal, what material was used to backfill the excavation?

Gravel/Crushed Rock_____ Clean Soil Fill_____ Excavated Soil Pile_____

Other (Describe)_____ Not Applicable_____
All excavations shall be backfilled with material containing petroleum levels at or below the minimum cleanup level(s) of 5-PPM Benzene and/or 100-PPM TPH.

22. If the excavated soil pile was used as backfill, was the material screened and sampled in accordance with TGD-005 and found to be below the minimum cleanup level(s) prior to use as backfill?

Yes_____ No_____ Not Applicable_____

If no, explain: _____

23. Was water encountered in the soil boring(s) during closure-in-place?

Yes_____ No_____ Not Applicable_____

If yes, was a monitoring well installed and water sampled? Yes_____ No_____

If no, explain: _____

24. Was water encountered during excavation of the UST system?

Yes_____ No_____ Not Applicable_____

If yes, amount of water removed:_____gals. (Max. of 500-gals. without Division approval).

Did water recharge within 24 hours? Yes_____ No_____

Was recharge water sampled? Yes_____ No_____

If no, explain: _____

Method of water disposal:_____

25. If more than 500 gallons of water was removed, were Division personnel in the appropriate Environmental Assistance Center contacted?

Yes_____ No_____ Not applicable_____

If yes, person contacted: _____

EAC contacted: _____ Date contacted: _____

Reported by: _____

If no, explain: _____

26. Was bedrock encountered during UST system removal/closure-in-place?

Yes_____ No_____

(continued on reverse)

27. Were soil samples collected from at least one foot below the floor of the UST system excavation(s)?

Tank(s): Yes_____ No_____ Not Applicable_____

Product Line Trench(s): Yes_____ No_____ Not Applicable_____

Dispenser(s): Yes_____ No_____ Not Applicable_____

If no, explain: _____

28. Was all contaminated material above the applicable cleanup level excavated?

Yes_____ No_____ Not Applicable_____

If no, explain: _____

29. For Closure-in-Place, were soil samples collected from the boring depths specified in Section IV. of the Closure Assessment Guidelines?

Tank(s): Yes_____ No_____ Not Applicable_____

Product Line Trench(s): Yes_____ No_____ Not Applicable_____

Dispenser(s): Yes_____ No_____ Not Applicable_____

If no, explain: _____

30. Were all samples placed directly into the appropriate containers immediately after collection?

Yes_____ No_____ If no, explain: _____

31. Were all samples immediately placed on ice after collection and maintained at 4°C until delivered to a laboratory?

Yes_____ No_____ If no, explain: _____

32. In accordance with Rule 1200-1-15-.06(2)(a), was laboratory confirmation of petroleum contamination or discovery of free product reported to the Division within 72 hours?

Yes_____ No_____ Not applicable_____

If yes, person contacted: _____

EAC contacted: _____ Date contacted: _____

Reported by: _____

If no, explain: _____

33. Analytical Tables. Complete all applicable tables below:

TABLE 1 – BENZENE AND MTBE SOIL ANALYTICAL RESULTS

Sample/Boring # (Tank, Line, & Dispenser)	Sample Date	Sample Depth (Feet) - Below Ground Surface (BGS)	Field Screening Results (PPM)	MTBE Analytical Results (PPM)	Benzene Analytical Results (PPM)

TABLE 2 – GRO AND EPH SOIL ANALYTICAL RESULTS

Sample/Boring # (Tank, Line, & Dispenser)	Sample Date	Sample Depth (Ft) (BGS)	Field Screening Results (PPM)	GRO Analytical Results (PPM)	EPH Analytical Results (PPM)	Sum of GRO + EPH Analytical Results (PPM)

(continued on reverse)

TABLE 3 – GROUND WATER ANALYTICAL RESULTS

Sample Location (i.e. MW #, Pit #, Recharge Water)	Sample Date	MTBE Analytical Results (PPM)	Benzene Analytical Results (PPM)	GRO Analytical Results (PPM)	EPH Analytical Results (PPM)	Sum of GRO + EPH Analytical Results (PPM)

TABLE 4 – EXCAVATED SOIL/ STOCKPILED SOIL ANALYTICAL RESULTS

Sample Number	Sample Date	Sample Depth (Feet) (BGS)	Field Screening Results (PPM)	MTBE Analytical Results (PPM)	Benzene Analytical Results (PPM)	GRO Analytical Results (PPM)	EPH Analytical Results (PPM)	Sum of GRO + EPH Results (PPM)

The following signature page shall be signed by the RP (or authorized representative within the Responsible Party's organization). If more than 100 cubic yards of material was over-excavated, contaminated ground water was encountered, and/ or a monitoring well was installed, the following signature page shall also be signed by a registered professional geologist under the Tennessee Geologist Act (T.C.A. §62-36-101 et seq.), registered professional engineer under the Tennessee Architects, Engineers, and Landscape Architects, and Interior Designers Law and Rules (T.C.A. §62-2-101 et seq.), or an approved Corrective Action Contractor in accordance with Rule 1200-1-15.09(15).

I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments are true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

UST System RP or RP's authorized Representative (Print name)	Signature	Date

Title (Print)

PE, PG, or CAC (Print name)	Signature	Date
TN Registration #	CAC Company (Print)	

Note: Each of the above signatures shall be notarized separately with the following statement:

STATE OF_____ COUNTY OF_____

Sworn to and subscribed before me by_____

on this date_____. My commission expires_____.

Notary Public (Print Name)	Signature	Date

Stamp/Seal